

(Concessioner Group Employee Housing) – Standard No. XII

FORM 10-612 (Rev. 6/82)

Concid#:		Name of Concessioner:	
Region:		Facility/Service:	
Year of Evaluation:			

NOTICE TO CONCESSIONER: The elements (X) below were found deficient this date and must be corrected by the date(s) specified below. Failure to make correction(s) within the date(s) specified will result in downgrading the initial rating and may result in an unsatisfactory rating which may affect your

ELEMENTS/CLASSIFICATION

Check (Box) in space provided - applicable elements (APP.)
Check (Box) in space provided - those which are deficient (DEF.)

Element		Element		Element	
A. FACILITY EXTERIOR		E. BATHROOM		F. OTHER	
		APP.	DEF.		
1.	Structure Condition (B)			19.	Linen (A)
2.	Grounds (b)			20.	Toilet Tissue (B)
3.	Public Signs (C)			21.	Wastebasket (C)
4.	Garbage and Trash (A)			22.	Shower Enclosures (B)
Element				23.	Tub/Shower (A)
B. FACILITY INTERIOR		APP.	DEF.	24.	Fixtures (A)
5.	Public & Other Areas (B)			25.	Environment (A)
Element				Element	
C. OPERATIONAL		APP.	DEF.	F. OTHER	
6.	Staff Responsibilities (B)			26.	Storage (C)
Element				27.	Parking (C)
D. ROOM HOUSEKEEPING		APP.	DEF.	28.	Pets (B)
7.	Room Organization (C)				
8.	Furniture & Furnishings (B)				
9.	Window Coverings (B)				
10.	Floors, Walls, Ceilings & Windows (B)				
11.	Bedding (A)				
12.	Bed Condition (A)				
13.	Illumination (C)				
14.	Environment (B)				
15.	Security (A)				
16.	Utilities & Appliances (A)				
17.	Vending (B)				
18.	Beverage Container Guidelines (B)				

[illegible]

EVALUATION DATE	# OF OBSERVATIONS BY CLASSIFICATIONS			NUMERIC PERIODIC RATING	NPS EVALUATOR SIGNATURE	CONCESSIONER SIGNATURE
INITIAL	A	B	C	Preliminary		
FOLLOW-UP				Final		

REMARKS: